

# ACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT <b>04-APR-2015</b>		TIME <b>16:18:00</b>		2 ADDRESS OF OCCURRENCE <b>6152 S ROCKWELL ST CHICAGO, IL 60629</b>			3 LOCATION CODE <b>330</b>		4 BEAT/OCCUR <b>0825</b>		
5 POSITION <b>9161</b>		6 LAST NAME <b>STEGMILLER</b>		7 FIRST NAME <b>ROBERT J</b>		8 STAR NO. <b>18764</b>		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE <b>S</b>	
11 AGE <b>510</b>		12 HT. <b>180</b>		13 WT. <b>180</b>		14 DATE OF APPT <b>10-JUL-1995</b>		15 EMPLOYEE NO <b>[REDACTED]</b>		16 UNIT & BEAT OF ASSIGNMENT <b>311 6710G</b>	
17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20 LAST NAME <b>UNK</b>		21 FIRST NAME <b>[REDACTED]</b>		22 MI <b>[REDACTED]</b>	
23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE <b>BLK</b>		25 DOB <b>[REDACTED]</b>		26 HT <b>601</b>		27 WT <b>140</b>		28 ADDRESS <b>[REDACTED]</b>	
29 TELEPHONE NO <b>[REDACTED]</b>		30 WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34 BY WHOM? <b>[REDACTED]</b>	
35 CHARGES PLACED <b>[REDACTED]</b>		36 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		37 CB NO. <b>[REDACTED]</b>		38 NO <b>[REDACTED]</b>		39 DNA <input type="checkbox"/> DNA		40 ADDITIONAL INFORMATION <b>R/O ANNOUNCED HIS OFFICE AND ATTEMPTED TO PLACE AN ASSAILANT INTO CUSTODY AT WHICH TIME THE UNK ABOVE SUBJECT PULLED R/O TO THE GROUND BY HIS JACKET HOOD IN AN ATTEMPT TO DEFEAT/PREVENT THE ARREST BY P.O. STEGMILLER ON THE ASSAILANT.</b>	

  

18	SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE	
		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLCD <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER SEE ADDITIONAL INFO B <input type="checkbox"/>		OTHER <input type="checkbox"/>	
19	MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>	
		VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>	
		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
		WRIST LOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>							
		ARM BAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>							
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>							
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Display) <input type="checkbox"/>							
		OC/CHEMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>							
		OTHER SEE ADDITIONAL INFO BOX <input type="checkbox"/>									

  

41 WEAPON TYPE		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS	
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		<b>CLEAR</b>	
45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE	
49 TASER DART ID NO		50 WEAPON SERIAL NO (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO	
53 SPECIAL WEAPON CERTIFICATE NO		54 PROPERTY INVENTORY NO		55 TYPE OF AMMUNITION USED		56 NO OF WEAPONS DISCHARGED BY THIS MEMBER	
57 WHO FIRED FIRST SHOT		58 WAS FIREARM RELOADED DURING INCIDENT		59 NO OF CARTRIDGES/ SHOT SHELLS RELOADED		60 HOW WAS MEMBER'S HANDGUN WORN	
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 FENCER <input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)		<input type="checkbox"/> 03 OTHER (Specify)	
61 HOW WAS MEMBER'S HANDGUN DRAWN		62 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63 DID MEMBER USE SIG HTS			
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
64 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR FURNITURE, ETC)		65 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		66 POSITION OF MEMBER DISCHARGING WEAPON		67 TOTAL NO OF SHOTS MEMBER FIRED	
<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69 NOTIFICATIONS (OC OR TASER INCIDENT):		70 EVENT NO			
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		<b>1509410220</b>			
71 NOTIFICATIONS (FIREARM INCIDENT):		72 SIGNATURES		73 R/O NO			
<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		74 REPORTING MEMBER (Print Name) <b>STEGMILLER, ROBERT J</b> 04-APR-2015 22:15:02 STAR/EMPLOYEE NO <b>18764</b> SIGNATURE <b>[REDACTED]</b>		<b>HY210364</b>			
75 REVIEWING SUPERVISOR (Print Name)		76 DATE REVIEWED		77 TIME			
<b>KARCZEWSKI, MICHAEL T</b> STAR NO <b>1055</b> SIGNATURE <b>[REDACTED]</b>		<b>04-APR-2015 22:19:40</b>		<b>1074534</b>			

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview as of this report

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the facts available at this time, it is the preliminary determination of the undersigned that Police Officer Robert Stegmiller acted in compliance with department policy in that while attempting to make the lawful arrest of Offender Pettway, unknown offender grabbed Officer Stegmiller, about the body in attempts to help defeat the arrest of Offender Pettway. Officer Stegmiller used the necessary force in attempt to affect the arrest of Offender Pettway after Offender Pettway pointed a weapon in Officer Stegmiller direction, placing him in fear of his life. Log 1074534 and U# 15-005

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CALLOWAY, KEITH A

SIGNATURE



DATE COMPLETED

TIME

04-APR-2015 22:46:43

79. TOTAL TRRs THIS EVENT No

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